



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1126

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The purpose of the FASD Clinic is to determine the extent of the physical and neurological/brain damage caused by prenatal exposure to alcohol, develop the 4-digit diagnostic code, and determine the most appropriate services/interventions, based on the areas of brain deficit and the person's adaptive functioning. Assessment/diagnosing FASD is a specialty area requiring a highly skilled multidisciplinary team of a speech pathologist, occupational therapist, neuropsychologist, and a medical director, as needed. The Pensacola/Panhandle clinic is an extension of the Statewide clinic.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	486,500
Fixed Capital Outlay	0
Total State Funds Requested	486,500

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	486,500	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	486,500	100%

8. **Has this project previously received state funding?**
- If yes, provide the most recent instance:**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	470,000	546	No

9. **Is future-year funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**

b. Describe the source of funding that can be used in lieu of state funding.

There are no other sources of funding available in lieu of state funding.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	CEO and CPrO positions will provide leadership and oversight, stakeholder engagement, performance monitoring and accountability, risk management, strategic planning and implementation.	15,750
Other Salary and Benefits	CFO/COO, Human Resources and accounting positions will support the program by ensuring the program's financial health, compliance, and the well-being of the employees involved. Supports include: budgeting and financial planning, financial reporting, grant management expense management, financial compliance, staff recruitment, onboarding, performance management, payroll oversight.	23,170
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
Operational Costs		
Salary and Benefits	A portion of the following positions will be supported by these funds: FASD Clinic Director, Director of Operations, Clinic Coordinator(s), Occupational Therapist, Speech/Language Pathologist, Parent Advocate(s), Intake Coordinator(s), Director of Training	198,650
Expense/Equipment/Travel/Supplies/Other	Testing materials, training supplies, operating supplies, staff travel (class C and A/B), public awareness campaign, utilities, insurance, telephone	43,500
Consultants/Contracted Services/Study	Neuropsychological services contracted to provide IQ testing and neuropsychological testing to determine level of brain functioning on the 4-digit diagnostic code. Additional contracted services to include speech and occupational therapies as part of multidisciplinary team, as well as a medical director for record review consultations, as needed.	205,430
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		486,500

13. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The specific purpose that will be achieved by the funds requested is to continue to provide statewide FASD diagnostic assessments, FASD-informed interventions, family support and training statewide; trainings primarily to health care providers, teachers, foster and adoptive parents, birth parents and other professionals. In addition, the agency will work with the Department of Health to build an integrated, coordinated system of care for individuals with FASD and their caregivers.

b. What activities and services will be provided to meet the intended purpose of these funds?

FASD activities and services to be provided include: diagnostic assessments, medical consultations, psychological evaluations, education support, family counseling, mental health therapies and therapeutic treatments to support the families. Community awareness activities include workshops and trainings, awareness campaigns, media engagement and parent support.

c. What direct services will be provided to citizens by the appropriation project?

FASD assessments provided to individuals suspected of having FASD, weekly parent/family support groups via zoom and/or in-person, intervention services to individuals and their families and statewide trainings and advocacy to professionals and caregivers.

d. Who is the target population served by this project? How many individuals are expected to be served?

Target population includes- person with poor mental health, persons with poor physical health, at-risk youth, developmentally disabled, preschool students, grade school students and/or high school students. Number of individuals expected to be served- between 75 - 100.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Outcome 1)- Child will learn strategies for improving self-regulation leading to improved behavior and self control, reducing risk for school failure, law involvement, substance abuse problems, improving quality of life. methodology: Parents will complete the BASC and ABAS assessment tools to better understand child's behavior at the FASD diagnostic clinic. The team will follow up with family 2 months after the evaluation to assess improvement and/or support families in connecting with specialized support.
Outcome 2) An accurate diagnosis will support the need for appropriate educational interventions, such as 504 plan or an IEP. Methodology: Recommendations for the school are made during the assessment. FASD team will follow up with caregiver with coaching, educational videos to ensure child's needs are met. Caregivers report feedback during weekly support groups.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Contracts with DOH state very specific financial consequences for failure to meet deliverables or performance measures.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)



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b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.